



New Jersey Motor Vehicle Commission

Trenton, New Jersey 08666-0017

Duplicate Title Requirements for No Proof of Ownership

The purpose of this procedure is to obtain a duplicate certificate of ownership for your vehicle when no proof of ownership is available. The following documents are required:

1. Original certification of newspaper publication (see OS/SS-135B for instructions & sample publication). Note: If you have moved out of New Jersey, you must publish the newspaper advertisement in the New Jersey County where you previously resided.
2. Original certified mail receipt requested of similar notice (publication) served on the local Police Department in the municipality in which you reside.
3. Original notarized statements from three disinterested parties stating that they have seen this vehicle in your possession. Statements must include the year, make and full/correct vehicle identification number of the vehicle.
4. A completed Application for duplicate Certificate of Ownership OS/SS-52.
5. A check or money order in the amount of \$60.00 made payable to NJMVC.
6. Two color photographs front and back, for the vehicle which a duplicate title is requested. Photographs cannot cut off any portion of the vehicle.
7. Enclose any other documents you have regarding this vehicle. Including a pencil tracing or photograph of the vehicle identification number.
8. Original, Buyer's Declaration Emergency Application for Vehicle Title. This form must fully complete and notarized. See enclosed form OS/SS-150 (R12/07).

Mail all required documents to:

New Jersey Motor Vehicle Commission
Special Titles Section/Duplicate Titles
PO Box 017
Trenton, NJ 08666-0017

NOTE: The commission policy is to mail the Certificate of Ownership to the owner or lienholder of record. If you are an Owner/Lienholder/Leasing Company requesting that the Certificate of Ownership be mailed elsewhere, please include a self-addressed envelope and a brief explanation.

If you have any questions regarding this procedure, please contact our office at (609) 292-6500 extension 5074.



STATE OF NEW JERSEY
1-888-486-3339 ext. 5074(in state)
1-609-292-6500 ext. 5074(out of state)

NEWSPAPER PUBLICATION INSTRUCTIONS
DUPLICATE CERTIFICATE OF OWNERSHIP

Advertise in a newspaper with general circulation in the County where the owner resides (or where the owner last resided in New Jersey, if the owner has moved out of state) for a space of two weeks, at least once a week, making three insertions in all. The notice should briefly state that you have applied to the Chief Administrator of the Motor Vehicle Commission for a Duplicate Certificate of ownership and if anyone desires to be heard in opposition of your application, he may do so by contacting the Chief Administrator within 10 days of the newspaper advertisement. Advertisement must include the year, make and full/correct vehicle identification number. The newspaper will provide a certification that you have complied with these requirements.

SAMPLE PUBLICATION

Take notice that in accordance with N.J.S.A. 39:10 - 12, application has been made to the Chief Administrator of the Motor Vehicle Commission, Trenton, New Jersey, for duplicate certificate of ownership for _____, _____, _____
Year Make Vehicle Identification Number
Objections, if any, should be made immediately in writing to the Chief Administrator of the Motor Vehicle Commission, Special Title Unit, P.O. Box 017, Trenton, New Jersey, 08666.

Management Operation Services
Special Title/Duplicate Title Unit
Po Box 017
225 E State St 2nd Floor
Trenton, NJ 08666-0170

**APPLICATION FOR DUPLICATE
CERTIFICATE OF OWNERSHIP**

STATE OF NEW JERSEY
MOTOR VEHICLE COMMISSION
SPECIAL SERVICES
P.O. BOX 017
TRENTON, NEW JERSEY 08666-0017

ABOVE SPACE IS FOR OFFICE USE ONLY

INSTRUCTIONS – PLEASE READ CAREFULLY

- 1. This form is to be completed by the **titled owner(s)** Please type or print clearly.
- 2. **A \$60.00 check or money order (Do Not Send Cash) and a copy of the current or expired registration certificate or insurance identification card must accompany this application.** Mail this information to the Trenton Central Office or bring in person to any motor vehicle agency or regional service center with Proof of Identity.

1. NAME OF TITLED OWNER(s) _____

OWNER(s) NEW JERSEY DRIVER LICENSE NUMBER _____
(IF BUSINESS – CORPCODE)

DATE OF BIRTH _____ EYE COLOR _____ SEX _____

ADDRESS _____
NO. AND STREET CITY STATE ZIP CODE

DESCRIPTION OF VEHICLE

2. LICENSE PLATE NO. _____ **MAKE** _____ **YEAR** _____ **BODY TYPE** _____ **MODEL** _____

WEIGHT CLASS _____ **COMPLETE VEHICLE IDENTIFICATION NUMBER** _____

3. Are there any encumbrances or liens against the vehicle at the present time? YES _____ NO _____

If "YES", give name and address of lienholder: _____
NAME

_____ NO. AND STREET CITY STATE ZIP CODE

NOTE: If the original certificate was issued subject to lien, and lienholder has not submitted evidence of satisfaction, a duplicate certificate of ownership will not be issued until proof of payment is received from the lienholder.

R.S. 39:10-12..."A person who falsely states, in any application to the **Chief Administrator** for a duplicate certificate of ownership, that a certificate of ownership, or title papers, are lost, shall be subject to a fine of not less than two hundred dollars (\$200.00) nor more than five hundred dollars (\$500.00) or imprisonment for a term not exceeding thirty days or both."

This application is submitted to the **Chief Administrator of the Motor Vehicle Commission** because the whereabouts of the title paper for the motor vehicle described herein-owned by the undersigned **IS UNKNOWN** and certification is hereby made that it **IS LOST.**

It is further certified that the _____
YEAR MAKE VEHICLE IDENTIFICATION NUMBER

was physically examined by me and the identification number is as entered hereon. I certify that I have compared this number with the numbers shown on the evidence of ownership and on my application for a duplicate New Jersey Certificate of Ownership and they agree. I further certify that I have read and understand this application and that all statements are correct.

DATE SIGNATURE OF APPLICANT(s)

(IF PARTNERSHIP, SO INDICATE, IF CORPORATION, GIVE TITLE OF OFFICER)

**IF NOT FILLED IN ENTIRELY AND ACCOMPANIED BY CHECK OR MONEY ORDER
(IF MAILED, DO NOT SEND CASH) THIS APPLICATION WILL BE REJECTED.**



New Jersey Motor Vehicle Commission

NJ MVC/ Special Title Unit
225 E State Street
Trenton, NJ 08666-0017

BUYER'S DECLARATION - EMERGENCY APPLICATION FOR VEHICLE TITLE

Buyer's Information:

Date: _____

First Name

Last Name

Address

City

State

Zip Code

I purchased a vehicle on _____ from _____ but never received the (check all
all that apply):
Date of Sale Seller's Name

☐-Title

☐-Plates

☐-Registration

Vehicle information:

Year

Make

Vehicle Identification Number (VIN)

Seller's Full First and Last Name and/or Name of Business

Address

City

State

Zip Code

Comments: _____

I ACKNOWLEDGE, that in making this Declaration, I am inducing the New Jersey Motor Vehicle Commission ("NJMVC") to issue a vehicle title for the above-described vehicle purchased from the seller listed above and that although the NJMVC may issue the same as a convenience under the circumstances, by doing so, the NJMVC makes no assurances against future claims against this vehicle, and I therefore agree to defend, indemnify and hold harmless the State of New Jersey, the NJMVC, their officers, employees and agents from and against any and all liability, loss, expense, attorneys' fees, or injury or damages arising out of any such claim.

I FURTHER ACKNOWLEDGE that this Declaration is being made for the purpose of applying for an un-issued vehicle title, registration and/or plates as described above, and that any knowing or willful misrepresentation or false statement submitted in connection with this Declaration may subject me to criminal punishment, including fines and/or imprisonment.

Signature

Print Name

Driver License Number or Corporation Code

Notary Public

Seal:

